



Los Angeles Firemen's Relief Association
P. O. Box 41903
Los Angeles, CA 90041
(800) 244-3439 or (323) 259-5200
www.lafra.org

Retirement Notification

Member Information:

Member's Full Name:

| | | | |
|----------|-------|--------|------|
| Address: | City: | State: | Zip: |
|----------|-------|--------|------|

| | |
|-------------------|-------------------------|
| Telephone Number: | Personal Email Address: |
|-------------------|-------------------------|

| | |
|----------------------------|------------------|
| Fire Department hire date: | Retirement Date: |
|----------------------------|------------------|

| | |
|---------------------|---|
| Rank at Retirement: | Pension: <input type="checkbox"/> Service |
| Station/Shift: | <input type="checkbox"/> Disability |

| | |
|---|---|
| Are you planning on having a retirement event? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: | Spouse Badge: <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse's name: *Additional charge applies. |
|---|---|

Signature: _____ Date: _____

